

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-019472

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 175 Primary Registration District No. 3036 Registrar's No. 86

FILED MAY 18 1962

## 1. PLACE OF DEATH

a. COUNTY LAWRENCE

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN AURORALength of stay in 1b  
YEARSc. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION AURORA HOSPITALInside Limits  
Yes ☒ No ☐2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE MO. b. COUNTY LAWRENCE

c. CITY OR TOWN AURORA

Inside Limits  
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)  
729 JEFFERSONReside on Farm  
Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)First Middle Last  
DELLA MAE WHITE4. DATE OF DEATH  
May 12, 19625. SEX  
FEMALE6. COLOR OR RACE  
WHITE7. Married ☒ Never Married ☐  
Widowed ☐ Divorced ☐8. DATE OF BIRTH  
2/6/949. AGE (last birthday)  
68IF UNDER 1 YEAR  
Months Days Hours Min.10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
HOUSEWIFE10b. KIND OF BUSINESS OR INDUSTRY  
HOME11. BIRTHPLACE (City and state or country)  
KINGS PRAIRIE, MO.12. CITIZEN OF WHAT COUNTRY  
USA

## 13a. FATHER'S NAME

GEORGE W. JACKSON

## 13b. MOTHER'S MAIDEN NAME

MARTHA CRAWFORD

## 14. NAME OF HUSBAND OR WIFE

GEORGE WHITE

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)  
NO

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

## Address

3 GEORGE WHITE: AURORA, MO.

18. CAUSE OF DEATH (Enter only one cause per line)  
PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

Acute Myocardial Failure

INTERVAL BETWEEN ONSET AND DEATH  
3 days

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

## DUE TO (b)

prob. myocardial infarction

3 day

## DUE TO (c)

arteriosclerotic disease

undif

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Cholelithiasis 24 hours prior to death

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY  
Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐  
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY, (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from Feb. 1957 to May 12/62 and last saw her alive on May 11-62.  
Death occurred at 5:00 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

## 22b. ADDRESS

## 22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify)  
BURIAL

## 23b. DATE

5/15/62

## 23c. NAME OF CEMETERY OR CREMATORY

GREEN LAWN

## 23d. LOCATION (City, town, or county)

KANSAS CITY, MO.

## 24. FUNERAL DIRECTOR

## ADDRESS

## 25. DATE RECD. BY LOCAL REG.

## 26. REGISTRAR'S SIGNATURE

ARNOLD'S FUNERAL HOME:

AURORA, MO.

5-14-62

George Langley  
Per Dr. Phillip

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Gavin R. Arnold*

Licensed Embalmer No. 4929

P. O. Address AURORA, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.